

8629



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Examiner: Thomas A. Dixon :  
Group Art Unit 3629 :  
In Re Application of :  
PAUL W. STILES ET AL. : **TRAVEL INFORMATION METHOD**  
Serial No. 09/619,245 : **AND ASSOCIATED SYSTEM**  
Filed July 19, 2000 : Attorney Docket No.: 286061-00006

**AMENDMENT AND RESPONSE**

April 27, 2004

MAIL STOP NON-FEE AMENDMENT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

This Amendment and Response is being filed in response to the Office Action, dated April 15, 2004, the time for response being before July 15, 2004.

Please amend the application as follows:

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PTO/SB/21 (05-03)  
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/619,245
	Filing Date	07/19/2000
	First Named Inventor	Paul W. Stiles
	Art Unit	3629
	Examiner Name	Thomas A. Dixon
	Attorney Docket Number	286061-00006
Total Number of Pages in This Submission		

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Copy of 3-page Supp. IDS and 2 references	

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	David C. Jenkins Eckert Seamans Cherin & Mellott, LLC
Signature	
Date	April 27, 2004

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	David C. Jenkins		
Signature		Date	04/27/2004

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